# BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

|  |  |  |
| --- | --- | --- |
| In The Matter of the Application of  for Changing Authorized Area to Provide Telecommunications Services | )  )  )  )  )  ) | Case No. |

**NOTICE OF CHANGE APPLICATION**

COMES NOW , (“Company”) pursuant to sections 392.611.4 RSMo 2010 (Cum. Supp.), files a notice of change application seeking to change the service area for providing telecommunications services in Missouri. Attached is an affidavit signed by an officer or authorized representative of the Company affirming this request.

WHEREFORE, the Company requests that the Commission issue its order granting the change in service area as listed in the attached affidavit.

Respectfully submitted,

/s/ lawyer Lawyer Name #MoBar

Law Firm/Company Name Street Address

City, MO Zip Phone:

Fax:

E-mail:

# CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the above and foregoing document

was delivered by first class mail, electronic mail or hand delivery, on this \_ day of , 20 , to the following parties:

General Counsel Office of Public Counsel Missouri Public Service Commission PO Box 7800

PO Box 360 Jefferson City, MO 65102 Jefferson City, MO 65102

# AFFIDAVIT

I, , a natural person, do hereby swear and

affirm that I am an officer or authorized representative of (“the Company”), and that the following statements are true and correct to the best of my knowledge and belief.

1. The Company seeks to change the company’s service area. This request *[“adds” or “deletes”*] the following service area(s) as identified by each exchange, in whole or in part, of a local exchange company:
2. Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ granted initial authorization for the company to provide the following telecommunications services as checked below:

|  |  |
| --- | --- |
|  | Certificate of Service Authority to Provide Basic Local Telecommunications Service |
|  | Certificate of Service Authority to Provide Non-Switched Local Telecommunications Service |
|  | Certificate of Service Authority to Provide Interexchange Telecommunications Service |

1. Information about the company as supplied in the company’s initial application to provide telecommunications services remains correct except as otherwise indicated below:

Attach additional sheets as necessary.

1. The Company continues to be legally, financially, and technically qualified to provide telecommunications services;
2. The Company continues to comply with all applicable state and federal laws and regulations imposed upon providers of telecommunications services;
3. The Company will continue to comply with applicable assessment requirements identified in 20 CSR 4240-28.012(2) as well as any applicable 911 tax and license tax.
4. The Company will continue to comply with reporting requirements identified in 20 CSR 4240-28.012(1).
5. The Company’s list of contacts maintained in the Missouri Commission’s Electronic Filing and Information System is current and up-to-date as required by 20 CSR 4240-28.011(3).
6. The Company maintains a process for handling inquiries from customers concerning billing issues, service issues, and other consumer-related complaints.
7. The Company’s telecommunications service continues to meet the criteria as defined within section 386.020, RSMo.
8. By signing this form, I hereby certify that neither I, nor any other member of this filing party, has had communications with a Commissioner, Commission Advisor, Regulatory Law Judge, member of the General Counsel or any member of their support team in the sixty (60) days prior to the filing date of this form regarding any substantive issue included in this filing. If any communication of this sort has occurred in the previous sixty (60) day period, I further certify this application was held until sixty (60) days have passed from the date of the subject communication, or we have requested a waiver for good cause as allowed by Commission Rule 20 CSR 4240-4.017(1)(D).

This concludes my affidavit.

Signature

Printed Name

*(Title)*

State of County of

Subscribed and sworn before me this day of , 20 .

Notary Public

Notary Seal: